

SERFF Tracking Number:	CNNB-125467487	State:	Arkansas
Filing Company:	The Cincinnati Insurance Company	State Tracking Number:	EFT \$25
Company Tracking Number:	H-08-7015-AR		
TOI:	04.0 Homeowners	Sub-TOI:	04.0000 Homeowners Sub-TOI Combinations
Product Name:	Homeowner		
Project Name/Number:	/		

## Filing at a Glance

Company: The Cincinnati Insurance Company

Product Name: Homeowner

TOI: 04.0 Homeowners

Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations

Filing Type: Form

SERFF Tr Num: CNNB-125467487 State: Arkansas

SERFF Status: Closed

Co Tr Num: H-08-7015-AR

Co Status:

Author: Matt Terrell

Date Submitted: 01/30/2008

State Tr Num: EFT \$25

State Status: Fees pending

Reviewer(s): Becky Harrington, Betty Montesi, Brittany Yielding

Disposition Date: 02/01/2008

Disposition Status: Approved

Effective Date Requested (New): 03/01/2008

Effective Date Requested (Renewal): 03/01/2008

Effective Date (New): 03/01/2008

Effective Date (Renewal): 03/01/2008

State Filing Description:

Company sending an additional \$25 via regular mail. Change state status to received and verified when check arrives. 2/1/08;

## General Information

Project Name:

Project Number:

Reference Organization:

Reference Title:

Filing Status Changed: 02/01/2008

State Status Changed: 01/30/2008

Corresponding Filing Tracking Number:

Filing Description:

Filing Terrorism Notice

Status of Filing in Domicile: Pending

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

## Company and Contact

<i>SERFF Tracking Number:</i>	<i>CNNB-125467487</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The Cincinnati Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$25</i>
<i>Company Tracking Number:</i>	<i>H-08-7015-AR</i>		
<i>TOI:</i>	<i>04.0 Homeowners</i>	<i>Sub-TOI:</i>	<i>04.0000 Homeowners Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>Homeowner</i>		
<i>Project Name/Number:</i>	<i>/</i>		

### Filing Contact Information

Matt Terrell, Senior Filings Analyst	matt_terrell@cinfin.com
6200 S. Gilmore Road	(513) 603-5264 [Phone]
Fairfield, OH 45014	(513) 881-8885[FAX]

### Filing Company Information

The Cincinnati Insurance Company	CoCode: 10677	State of Domicile: Ohio
6200 S. Gilmore Rd.	Group Code: 244	Company Type:
Fairfield, OH 45014	Group Name:	State ID Number:
(513) 870-2000 ext. [Phone]	FEIN Number: 31-0542366	

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### Filing Fees

Fee Required?	Yes
Fee Amount:	\$25.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Cincinnati Insurance Company	\$25.00	01/30/2008	17744738

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Becky Harrington	02/01/2008	02/01/2008
<b>Objection Letters and Response Letters</b>			

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Becky	01/30/2008	01/30/2008	Matt Terrell	01/31/2008	02/01/2008
Industry	Harrington					
Response						

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Fees	Note To Filer	Becky Harrington	02/01/2008	02/01/2008

*SERFF Tracking Number:*      *CNNB-125467487*

*State:*      *Arkansas*

*Filing Company:*      *The Cincinnati Insurance Company*

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*Product Name:*      *Homeowner*

*Project Name/Number:*      */*

## **Disposition**

Disposition Date: 02/01/2008

Effective Date (New): 03/01/2008

Effective Date (Renewal): 03/01/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	CNNB-125467487	State:	Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	POLICYHOLDER NOTICE OF TERRORISM INSURANCE COVERAGE	Approved	Yes

*SERFF Tracking Number:*      *CNNB-125467487*      *State:*      *Arkansas*  
*Filing Company:*      *The Cincinnati Insurance Company*      *State Tracking Number:*      *EFT \$25*  
*Company Tracking Number:*      *H-08-7015-AR*  
*TOI:*      *04.0 Homeowners*      *Sub-TOI:*      *04.0000 Homeowners Sub-TOI Combinations*  
*Product Name:*      *Homeowner*  
*Project Name/Number:*      */*

## Objection Letter

Objection Letter Status      Pending Industry Response  
Objection Letter Date      01/30/2008  
Submitted Date      01/30/2008

Respond By Date

Dear Matt Terrell,

This will acknowledge receipt of the captioned filing.

Objection 1

No Objections

Comment: The filing fee for form filings is \$50. Please submit and additional \$25.

Please feel free to contact me if you have questions.

Sincerely,

Becky Harrington

## Response Letter

Response Letter Status      Submitted to State  
Response Letter Date      01/31/2008  
Submitted Date      02/01/2008

Dear Becky Harrington,

**Comments:**

### Response 1

Comments: I am unable to revise the fee amount now that the filing has been submitted. I'll send you a check for \$25 via US mail. Is this acceptable?

thanks,

Matt

### Related Objection 1

Comment:

The filing fee for form filings is \$50. Please submit and additional \$25.

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*Product Name:*      *Homeowner*

*Project Name/Number:*      */*

**Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,  
Matt Terrell

<i>SERFF Tracking Number:</i>	<i>CNNB-125467487</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>/</i>		

**Note To Filer**

**Created By:**

Becky Harrington on 02/01/2008 08:10 AM

**Subject:**

Fees

**Comments:**

Sending an additional check by mail will be fine. Please remember to send a copy of the transmittal or printed General Tab information that will identify the SERFF number of the filing for tracking purposes.



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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	POLICYHOLDER NOTICE TERRORISM INSURANCE COVERAGE	MI1730	1/08	Disclosure/ New Notice		62.20	MI1730 01-08.pdf

# **POLICYHOLDER NOTICE**

## **TERRORISM INSURANCE COVERAGE**

**THIS ENDORSEMENT IS ATTACHED TO AND MADE PART OF YOUR POLICY IN RESPONSE TO THE DISCLOSURE REQUIREMENTS OF THE TERRORISM RISK INSURANCE ACT. THIS ENDORSEMENT DOES NOT GRANT ANY COVERAGE OR CHANGE THE TERMS AND CONDITIONS OF ANY COVERAGE UNDER THE POLICY.**

Your policy (or the policy proposed to you) may contain coverage for certain losses caused by terrorism.

### **Premium:**

In accordance with the federal Terrorism Risk Insurance Act, we are required to notify you of the portion of the premium, if any, attributable to the coverage for terrorist acts certified under the Terrorism Risk Insurance Act.

- The portion of your premium that is attributable to coverage for terrorist acts certified under the Act is \$0.

### **Federal Participation:**

The Act also requires us to provide disclosure of federal participation in payment of terrorism losses.

- Under your policy (or the policy proposed to you), any losses caused by certified acts of terrorism would be partially reimbursed by the United States Government, Department of Treasury, under a formula established by federal law. Under this formula, the federal share equals 85% of that portion of the amount of such insured losses that exceeds the applicable insurer retention. However, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a Program Year (January 1 through December 31), the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

### **Cap on Insurer Participation:**

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a Program Year (January 1 through December 31) and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

**NOTE: IF YOUR POLICY IS A RENEWAL POLICY, THIS NOTICE IS PROVIDED TO SATISFY THE REQUIREMENTS UNDER THE TERRORISM RISK INSURANCE ACT FOR POLICYHOLDER DISCLOSURE: (1) AT THE TIME OF OUR OFFER TO RENEW THE POLICY AND (2) AT THE TIME THE RENEWAL IS COMPLETED.**

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## **Rate Information**

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## Supporting Document Schedules

<b>Satisfied -Name:</b>	Uniform Transmittal Document-Property & Casualty	<b>Review Status:</b>	Approved	02/01/2008
<b>Comments:</b>				
<b>Attachment:</b>				
#P&CTransmittal.pdf				

# Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

<b>3. Group Name</b>	<b>Group NAIC #</b>
The Cincinnati Insurance Companies	10677

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
The Cincinnati Insurance Company	OH	0244-10677	31-0542366	

<b>5. Company Tracking Number</b>	<b>H-08-7015-AR</b>
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Matt Terrell P.O. Box 145496 Cincinnati, OH 45250-5496	Senior Analyst	513.603.5264	513.881-8885	matt_terrell@cinfin.com

<b>7.</b>	Signature of authorized filer	
<b>8.</b>	Please print name of authorized filer	Matt Terrell

**Filing information** (see General Instructions for descriptions of these fields)

<b>9. Type of Insurance (TOI)</b>	Homeowner
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	Homeowner
<b>11. State Specific Product code(s) (if applicable)[See State Specific Requirements]</b>	
<b>12. Company Program Title</b> (Marketing title)	Independent Homeowner Program
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
<b>14. Effective Date(s) Requested</b>	New: 3/1/08                      Renewal: 3/1/08
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16. Reference Organization</b> (if applicable)	
<b>17. Reference Organization # &amp; Title</b>	

<b>18. Company's Date of Filing</b>	1/30/08
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

### Property & Casualty Transmittal Document—

<b>20. This filing transmittal is part of Company Tracking #</b>	H-08-7015-AR
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<b>21. Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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MI1730 (1/08)

POLICYHOLDER NOTICE TERRORISM INSURANCE COVERAGE - until December 31, 2014, mandatory for all new and renewal policies endorsed with HR734, HR824, HR838, HR886, and / or HR878.

<b>22. Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p><b>Check #:</b> EFT <b>Amount:</b> 25.00</p> <p><b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b></p>

Effective March 1, 2007

**\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**